

**HUMAN RESOURCES DEPARTMENT
PERSONAL INFORMATION UPDATE**



Employee Name _____

Employee ID # _____

CHANGE OF ADDRESS

STREET ADDRESS:

Street Address	Apt	City	State	Zip Code
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(Federal Regulations require City of Tempe to have a street address on file for all employees.)

MAILING ADDRESS:

Mailing Address	City	State	Zip Code
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CHANGE OF TELEPHONE NUMBER

HOME PHONE NUMBER:

() —

CHANGE OF NAME

A copy of your new Social Security card *must* be included with this form for processing.

FORMER NAME:

Last	First	Middle
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CHANGE TO:

Last	First	Middle
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CHANGE OF EMERGENCY CONTACT

EMERGENCY CONTACT(S):

Name (Primary Contact)	Name (Secondary Contact)
Phone Number () —	Phone Number () —

Unless otherwise noted, beneficiary designation changes must also be made with your retirement system and Deferred Compensation plan. For the appropriate forms, please visit the Human Resources web site at www.tempe.gov/hradmin/HRforms or come to Human Resources.

Employee Signature _____

Date _____

PLEASE FORWARD TO HUMAN RESOURCES AND RETAIN A COPY FOR YOUR RECORDS.